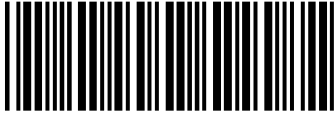


PLEASE COMPLETE FOR EACH PROPOSED SETTLOR AND PERSON-IN-INTEREST\*



1. \_\_\_\_\_  
Distributor Name
2. \_\_\_\_\_  
Advisor Name
3. \_\_\_\_\_  
Applicant Name

\*If the proposed Settlor is a corporation, please complete this form for the entity and for each shareholder who owns 5% or more of the shares of the company. If the proposed Settlor is a trust, complete this form for the entity and each settlor, trustee, beneficiary and any custodian, protector or other person entitled to give instructions to the trustee.

**REQUIRED DOCUMENTATION:**

INDIVIDUALS	CORPORATIONS	TRUSTS
<ul style="list-style-type: none"> <li>■ Unexpired government issued ID bearing photo and signature (e.g. passport);</li> <li>■ Verification of address (e.g. utility bill, voter registration card).</li> </ul>	<ul style="list-style-type: none"> <li>■ Certified Certificate of Incorporation;</li> <li>■ Certified Certificate of Compliance or Letter of Good Standing from regulatory agency in country of incorporation;</li> <li>■ Certified list and signatures of directors;</li> <li>■ List of registered shareholders;</li> <li>■ For all shareholders who own 5% or more of the company:               <ul style="list-style-type: none"> <li>- Unexpired government issued ID bearing photo and signature (e.g. passport);</li> <li>- Verification of address (e.g. utility bill, voter registration card).</li> </ul> </li> </ul>	<p>For all settlors, trustees, beneficiaries and any custodian, protector or other person entitled to give instructions to the trustees of the trust:</p> <ul style="list-style-type: none"> <li>■ Unexpired government issued ID bearing photo and signature (e.g. passport);</li> <li>■ Verification of address (e.g. utility bill, voter registration card).</li> </ul> <p>For all directors or authorized signatories of corporate trustees:</p> <ul style="list-style-type: none"> <li>■ Unexpired government issued ID bearing photo and signature (e.g. passport);</li> <li>■ Verification of address (e.g. utility bill, voter registration card).</li> </ul>

4. Complete the following:  
 Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_  
 Net Worth \$: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
 If self employed, name and type of business: \_\_\_\_\_  
 Provide a description of applicant's source of wealth: \_\_\_\_\_  
 What is the source of funds being used to purchase this investment plan (be specific): \_\_\_\_\_  
 \_\_\_\_\_
5. When did the Settlor/Person-in-Interest first become a customer of the Distributor? \_\_\_\_\_
6. How long have you known the Settlor/Person-in-Interest? \_\_\_\_\_
7. Is the person to whom this form applies, a Public Official, connected to or associated with a Public Official (includes immediate family, aides, advisors, business associates, business/companies)? Yes  No
8. If a corporate Settlor, I certify the corporation is NOT a company that issues "bearer shares". Yes  No

If you have not satisfactorily completed Sections 4 through 8, the application will not be processed until you have satisfied the Trust on these matters. The Trust reserves the right to request additional information as it deems necessary.

I HEREBY CERTIFY THAT COPIES OF THE REQUIRED DOCUMENTATION, ATTACHED HERETO, ARE TRUE AND CORRECT COPIES OF THE ORIGINALS.

\_\_\_\_\_  
 ADVISOR SIGNATURE

\_\_\_\_\_  
 DATE